



Membership and Consent Form

Please complete and return. The information you provide is to help best support your child whilst in our care at Woodstock Youth Club sessions and events. All information provided will be kept confidential in accordance with the Data Protection Act 1998 and General Data Protection Regulations (GDPR).

Name of the Young Person :	
Date of Birth:	
Home Address:	
Young Person Mobile Number:	
Parents/Guardians Names:	
<ul style="list-style-type: none"> • Home phone number: 	
<ul style="list-style-type: none"> • Mobile: 	
<ul style="list-style-type: none"> • Email: 	

Are there any health problems, medical conditions or allergies your child suffers from? (Asthma, diabetes, epilepsy) - if yes, please give details	
Do any of these conditions require special medical treatment, including regular medication? If yes, please give details	

Please give any other information you may think is needed to best support your child whilst in our care:

Woodstock Youth Club requests your permission and consent to photograph/video your child whilst at our club sessions and events. These may be used by the Youth Club to promote activities for young people in the local press and other publications, such as the Club's website and Facebook's page.

I Do / Do Not give permission for photographs/videos of my child to be used by Woodstock your club in this way.

Signature of parent/guardian _____ Date: _____

By signing this form I apply for my child to become a member of Woodstock Youth Club and acknowledge that they will become a member on receipt of this form.

I give permission for my child to take part in club activities that are held at the Club premises on Club sessions. I understand that the Club leader, along with other Youth Workers, while taking all reasonable care in looking after my child, will not necessarily be held responsible for any loss, damage or injury suffered by my child. This could be as a result of, the Club's activities or if your child leaves the premises without permission of the Club leader or parent.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so, I give permission for my child to receive emergency medical/dental treatment including the use of anaesthetic as considered necessary and administered by suitably qualified medical practitioners.

Signature of parent/guardian _____ Date: _____

Please can you indicate if you are happy for your child to walk home at any time during Club session unaccompanied?

- **Yes - My child can walk home unaccompanied**
- **No - My child needs to be collected by a designated individual**

Signature of parent/guardian _____ Date: _____

We also request that your young person attending our Youth Club sessions, reads, understands and agrees to follow to Club Rules at all times, in a thoughtful and respectful manner, That they understand we have the right to send home and suspend them from Club nights if negative or aggressive behaviour is displayed.

Young Person's Signature _____ Date: _____

We welcome you warmly to Woodstock Youth Club and hope you enjoy your time with us.

Woodstock Youth Club is a registered Charity (reg no.304395) and is registered for gift aid.